TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))						Docket No. 17049		
In Re Application Of: Akihiko Mochida et al.								
Application No.			Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/670,114		70,114	September 24, 2003	David J. Czekaj	23389	2621	7178	
Title: IMAGE PICKUP SYSTEM								
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
37 CFR 1.97(b)								
1.	×	The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.						
	37 CFR 1.97(c)							
2.		The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:						
		☑ the statement specified in 37 CFR 1.97(e);						
	OR							
		☐ the f	ee set forth in 37 CF	R 1.17(p).				
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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT Docket No. (Under 37 CFR 1.97(b) or 1.97(c)) 17049 In Re Application of: Akihiko Mochida et al. Confirmation No. Application No. Filing Date Examiner Customer No. Group Art Unit 10/670.114 September 24, 2003 David J. Czekaj 23389 2621 7178 Title: IMAGE PICKUP SYSTEM Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) A check in the amount of is attached. ☑ The Director is hereby authorized to charge and credit Deposit Account No. 19-1013/SSMP as described below. Charge the amount of Credit any overpayment. Charge any additional fee required. Payment by credit card, Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Certificate of Transmission by Facsimile* Certificate of Mailing by First Class Mail Fiereby certify that this correspondence is being deposited I certify that this document and authorization to charge deposit with the United States Postal Service with sufficient postage account is being facsimile transmitted to the United States Patent and Trademark Office (Fa as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date) (Date) Signature of Person Mailing Correspondence Signature Pyped or Printed Name of Person Signing Certificate Typed or Printed Name of Person Mailing Certificate *This certificate may only be used if paying by deposit account. Thomas Spinelli/ Dated: December 11, 2009 Signature Thomas Spinelli Reg. No. 39,533 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza, Ste. 300 Garden City, NY 11530 (516) 742-4343

CC: